

**2012 Infant Mortality Summit –
Changing the Determinants of Health**

First Name: _____

Last Name: _____

Organization: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Email (email address is required): _____

Fee: ☐ Individual \$50.00

☐ Corporate Table Sponsor \$550.00 (Table and Signage, up to 10 Guest)

For Corporate Table please provide guest information:

Guest	First and Last Name	Title	Organization	E-mail Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please print, fill out and mail form and check to:

Lori Hoffmann
City of Milwaukee Health Department
841 N. Broadway
Milwaukee, WI 53202